

## DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov

Survey and Certification Voice/TTY (802) 241-0480 Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

October 1, 2019

Ms. Kassandra Losee, Manager Sterling House At Rockingham 33 Atkinson Street Bellows Falls, VT 05101-1502

Dear Ms. Losee:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 10, 2019.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN

famila MotaRN

Licensing Chief

PRINTED: 09/16/2019 FORM APPROVED

AND FLAN OF CORRECTION  10609  10609  10609  10 A BUILDING  10 COMPANDED OR SUPPLIER  STREET ADDRESS GITY, STATE, 2P CODE  33 ATKINSON STREET  SELLOWS FALLS, VT 95101  SUMMARY STATEMENT OF DEPCIENCIES  PRESENT  AND INCIDENT OR LISC DENTIFYING INFORMATION  RESULATORY OR LISC DENTIFYING INFORMATION  AN unannounced on-site investigation of a self-report was conducted by the Division of Licensing and Protection on 94 (7019). The following regulatory violation was identified:  R266  R266  IX. PHYSICAL PLANT  R266  R266  R2766  Per review of interview and record review the facility failed to ensure a safe environment was maintained for all 18 residents who reside in the Stefling House. The findings include the following:  Per review of internal investigation dated 08/26/19, identifies that Resident #1 has been smoking oparates in the shared bathroom at night and putting everyone at risk.  Resident #1 is interviewed by the facility manager on 08/26/19 and confronted about the reported incident. Resident #1 admitted to smoking in the bathroom and voiced being sorry.  Facility Admission Agreement identifies that Stefling House is a non-smoking facility. Smoking is allowed off the premises some 10 feet away of the building. No lighter/matches are allowed in resident rooms and must be turned and premises.	Division of Licensing and P				FORM APPR	
MANUE OF PROMDER OR SUPPLIER  STERLING HOUSE AT ROCKINGHAM  SUMMARY STATEMENT OF DEPICIENCIES PRETADORESS CITY, STATE, ZIP DODE  SUMMARY STATEMENT OF DEPICIENCIES PRETADORESS CITY, STATE, ZIP DODE  SUMMARY STATEMENT OF DEPICIENCIES PRETADORESS PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OF LCC. HICK PRIMARY MORRHATION)  R100 Initial Comments:  An unannounced on-site investigation of a self-report was conducted by the Division of Licensing and Protection on 9/10/19. The following regulatory violation was identified:  R266  R266  IX. PHYSICAL PLANT  R266  R276  3.1 Environment  9.1.a The home must provide and maintain a state. functional, sanitary, homelike and comfortable environment.  This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure a safe cryironment was maintained for all 18 residents who reside in the Sterling House. The findings include the following:  Per review of internal investigation dated O20/19, Identifies that Resident #2 reported to the facility manger that Resident #2 reported to the facility manger that Resident #1 has been smoking organities in the shared bathroom at night and putting everyone at risk.  Resident #1 is interviewed by the facility manager on 09/26/19 and confronted about the reported incident. Resident #1 admitted to smoking in the bathroom and voiced being sorry.  Facility Admission Agreement combines that Sterling House is a non-smoking facility. Smoking is allowed off the premises some 10 feet away of the building. No lighter/maches are allowed in resident rooms and must be turned	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPL/ER/CUA IDENTIFICATION NUMBER:			(X3) DATE SURVE COMPLETED	
STERLING HOUSE AT ROCKINGHAM  STERLING HOUSE AT ROCKINGHAM  STERLING HOUSE AT ROCKINGHAM  SUMMARY STATEMENT OF DEFICIENCIES  (ACH) ID  SUMMARY STATEMENT OF DEFICIENCIES  (ACH) ID  RECOLLINGY ON LSC IDENTIFYING INFORMATION)  RECOLLINGY ON LSC IDENTIFYING INFORMATION  RIOD  Initial Comments:  RIOD  An unannounced on-site investigation of a self-report was conducted by the Division of Licensing and Protection on 971/19. The following regulatory violation was identified:  R266  RX. PHYSICAL PLANT  R266  R276 IN:  REQUIREMENT is not mat as evidenced by:  Based on interview and record review the facility falled to ensure a safe environment was maintained for all 18 residents who reside in the Sterling House. The findings include the following:  Per review of internal investigation dated 02/26/19, identifies that Resident #1 has been smoking objectives in the shared bathroom at night and putting everyone at risk.  Resident #1 is interviewed by the facility manager on 03/26/19 and confronted about the reported incident. Resident #1 admitted to smoking in the bathroom and voiced being scry.  Facility Admission Agreement identifies that Stering House is a non-smoking facility. Smoking is allowed off the premises some 10 feet away of the building. No lighter/maches are allowed in resident Process.		0609	B. WING		<b>1</b>	
STERLING HOUSE AT ROCKINGHAM  SHARM STREET  SELLOWS FALLS, VT 05101  SUMMARY STATEMENT OF REPLICISCUES FALLS, VT 05101  PROVIDERS PLAN OF CORRECTION 1  (RECH DESTEROING WIST BE PRICEDED BY FULL)  (RECH DESTEROING WIST BE PRICEDED BY FULL)  (RECH DESTEROING ACTION SHOLLD BE CROSS HEFERENCED TO THE APPROPRIATE DEPCIENCY)  R100 Initial Comments:  An unannounced on-site investigation of a self-report was conducted by the Division of Licensing and Protection on 9/10/19. The following regulatory violation was identified:  R266 IX. PHYSICAL PLANT  R266 P.1 Environment  9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.  This REQUIREMENT is not met as evidenced by:  Based on interview and record review the facility failed to ensure a safe environment was maintained for all 18 residents who reside in the Sterling House. The findings include the following:  Per review of internal investigation dated 09/26/19, identifies that Resident #1 has been smoking cigarettes in the shared bathroom at night and putting everyone at risk.  Resident #1 is interviewed by the facility manager on 08/26/19 and confronted about the reported incident. Resident #1 admitted to smoking in the bathroom and voiced being sorry.  Facility Admission Agreement identifies that Sterling House is a non-smoking facility. Smoking is allowed off the premises some 10 feet away of the building. No lighter/matches are allowed in resident rooms and must be turned	NAME OF PROVIDER OR SUPPLIE	R STREET/			09/10/201	
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ATOP DESCRIPTION	Sterling House is a r Smoking is allowed a away of the building allowed in resident re	non-smoking facility. off the premises some 10 feet . No lighter/matches are				
NATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DA	ATORY DIRECTOR'S OR PROVIDE	RISUPPLIER REPRESENTATIVE'S SIGN	ATURF	Title	(X6) DATE	

STATE FORM

If continuation sheel 1 of 3

RZ66 POL accepted 9/30/19 mBatrenapa/mac

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Division of Licensing and F	Protection Protection			FORM APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0609	B. WING		C
NAME OF PROVIDER OR SUPPLIE	R STREETA	DORESS, CITY, S	TATE, ZIP CODE .	09/10/2019
STERLING HOUSE AT ROCI	KINGHAM 33 ATKI	NSON STREET	-	
(X4) ID SUMMARY S	TATEMENT OF DEFICIENCIES	VS FALLS, VT		
TAG REGULATORY CR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOURD DE COURT
R266 Continued From p		R266		
into facility staff ar room. Agreement 07/03/18.	nd stored in the medication signed by Resident #1 on		·	
agreement by the	07/03/19 identifies information smoking facility and an resident to turn in lighters to the			
each night, initialed	tored in the medication room d by the resident.	. [		:
will be taking the fo	all smokers who reside at the prevent house fires the facility ollowing actions: ers will be turned in every night	·		:
stating you promise You will sign them of 2. If you choose to throughout the day,	se. You will then sign a paper			
4. Cigarettes MUS	osolutely no smoking in the porch. To be disposed of in the butt			
5. If we find a light will be confiscated a	ter or matches laving accord it			:
above. After one wr	ritten warning the next step lay notice of eviction.			<u>:</u> !
inconsistently submi	nature sheet that refers to /19, Resident #1 has tted his/her lighter for storage			
indicating all lighters turned in. There are	nor has s/he signed the form and matches have been also notations by the facility esident's refusal to sign for			·
both the months of J	uly and August 2019.			

PRINTED: 09/16/2019 Division of Licensing and Protection FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED C 0609 B. WING 09/10/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE STERLING HOUSE AT ROCKINGHAM 33 ATKINSON STREET BELLOWS FALLS, VT 05101 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL iD PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (XS) COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG DATE DEFICIENCY) R266 Continued From page 2 R266 Resident #1 was provided a written warning due to violation of smoking policies and failure to meet requirements of signed agreement dated 07/05/19, the resident was also provided a 30-day discharge notice date 9/10/19 for violating smoking policies and presenting a risk to all those who reside and work in the facility. Division of Licensing and Protection STATE FORM 1ROQ11 If continuation sheet 3 of 3

## Sterling House AT ROCKINGHAM, LLC

## Residential Care

33 Atkinson Street
Bellows Falls, Vermont 05101
802-463-0137

Ms. Suzanne Leavitt and Maureen Bertrand Div Licensing and Protection Ladd Hall Waterbury, VT

September 17, 2019

Plan of Correction for survey conducted September 10, 2019.

Physical Plant

R 266

- 1. To correct this deficiency Sterling House has taken an inventory of all the residents that smoke and what they have for smoking paraphernalia. Director of Sterling House has labeled the Resident's lighters and tobacco and has created a sign in/out log for the Residents who smoke. The Residents are aware if they sign out their smoking paraphernalia and do not return it, the Director will be called immediately and will come in to question and help locate the smoking paraphernalia. Residents will receive one written warning if smoking paraphernalia is found on their person or in their room. Next course of action is a 30 day notice of intent to discharge.
- 2. Sterling House is already a nonsmoking facility, although some residents have been grandfathered into this rule per their Residential Rights. This Director will no longer accept anyone who smokes cigarettes. Those Residents who have been grandfathered in, have signed the updated Policy that was dated 7/5/2019 and there have been no other situations besides with resident number one. As stated above, an inventory has been made, and a log created for smoking paraphernalia. All Residents whom smoke have varies type of nicotine replacement in the medication room. Staff have been encouraged to cue residents whom smoke, to sign in and out and or utilize their nicotine replacement.
- 3. Corrective actions will be monitored by the Director. The Director will do random audits of residents whom smoke, to ensure they have no paraphernalia on them or in their rooms. All residents whom smoke have consented to this. Sterling House staff will cue the smokers to sign in and out when smoking.

4. This system was implemented this week (9/23/2019) It will continue for the remainder of the time Sterling House has people who smoke. Resident number one was given a 30 day discharge notice and will be rehomed by October 10, 2019.

As always, please feel free to contact me with any questions or concerns.

Sincerely,

Kassandra Losee, RN, Director